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PTO/SF/17 (07-08)

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<p align="center"><i>Effective on 12/09/2004.</i> Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <p align="center">FEE TRANSMITTAL For FY 2006</p>		<p align="center">Complete if Known</p>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/736,493-Conf. #3812
TOTAL AMOUNT OF PAYMENT (\$) 130.00		Filing Date	December 15, 2003
		First Named Inventor	Kenneth P. Reeve
		Examiner Name	J. G. Blanco
		Art Unit	3738
		Attorney Docket No.	62900-DIV (71589)

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	<input checked="" type="checkbox"/> Deposit Account Deposit Account Number <u>04-1105</u> Deposit Account Name <u>Edwards Angel Palmer & Dodge LLP</u>
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<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							Small Entity
Fee Description							Fee (\$)
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							200
Multiple dependent claims							360
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
8		- 20 =	0	x 50.00 =	0.00		
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
1		- 3 =	0	x 200.00 =	0.00		
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
	- 100 =	/50		(round up to a whole number) x			
4. OTHER FEE(S)							
Non-English Specification. \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1814 Statutory Disclaimer							130.00

SUBMITTED BY		Registration No.	44,368	Telephone	(617) 430-4414
Signature		(Attorney/Agent)			
Name (Print/Type)		Lisa Swiszz Hazzard		Date	February 14, 2007

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CENTRAL FAX CENTER****FEB 14 2007****FAX TRANSMISSION****DATE:** February 14, 2007**PTO IDENTIFIER:** Application Number 10/736,493-Conf. #3812
Patent Number**Inventor:** Kenneth P. Reeve**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** EDWARDS ANGELL PALMER & DODGE LLP

Lisa Swiszez Hazzard

PHONE: (617) 439-4444**Attorney Dkt. #:** 62900DIV(71589)**PAGES (Including Cover Sheet):** 17**CONTENTS:** Amendment Transmittal (1 page);
Fee Transmittal (1 page);
Response to Office Action (11 pages);
Terminal Disclaimer (2 pages);
Charge \$130.00 to deposit account 04-1105;
Certificate of Transmission (1 page).

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PTO/SI/97 (09-04)

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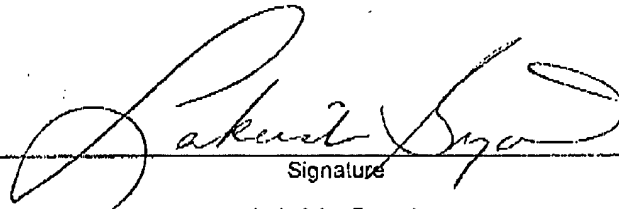
Application No. (if known): 10/736,493

Attorney Docket No.: 62900D|V(71589)

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AMENDMENT TRANSMITTAL LETTER				Docket No. 62900-DIV (71589)	
Application No. 10/736,193-Conf. #3812		Filing Date December 15, 2003		Examiner J. G. Blanco	
				Art Unit 3738	

Applicant(s): Kenneth P. Reeve

Invention: DELIVERING AN AGENT TO A PATIENT'S BODY

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.
The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	8	- 20 =	0	x 50.00	0.00
Independent Claims	1	- 6 =	0	x 200.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Statutory Disclaimer					130.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					130.00

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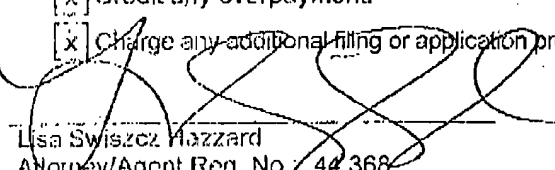
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Dated: February 14, 2007


Lisa Swisocz Mazzard
Attorney/Agent Reg. No. 44,368

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